

National Prevention and Health Promotion Strategy – Stakeholder Discussion

Facilitator Feedback Form

Name of Event: _____

City Where Event Held: _____

Date of Event: _____

Name of Facilitator _____

Title _____

Organization _____

E-mail _____ **Phone** _____

Please send the completed Participant Input Sheets with your completed Facilitator Feedback Form to the address below:

National Prevention Strategy
Attn: Haddi Cham
4350 East-West Highway, Suite 800
Bethesda, MD 20814-4499

1. Number of participants? _____

2. Event Description (national conference session, organization board meeting, staff training)

3. In your opinion, what are the primary points that emerged from the discussion in the following areas?

- What should be the Council's and the National Strategy's priorities?
- How can the Council partner with local stakeholders to support and help focus prevention efforts?
- What experiences have you had with federal prevention and health programs or policies that could serve as a model for our work moving forward?

4. Additional Comments: